

## Faller, Robert B. - Medicaid

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**From:** Shane Maxwell [drshanemaxwell@yahoo.com]  
**Sent:** Wednesday, January 27, 2010 9:59 AM  
**To:** Faller, Robert B. - Medicaid

Dear Mr. Faller,

My name is Shane Maxwell. I am a physician at the Idaho Pain Center in Boise. I treat chronic pain patients. I have been using Nucynta and find to be a great addition to my practice. I am able to achieve good pain control at lower narcotic doses using this medication. It appears to have a much lower side effect profile for the GI tract and has less withdrawal issues when suddenly stopped. It would be a great addition to the medicaid formulary if approved.

Thank you for your consideration. Call me with any questions.

Shane Maxwell, D.O.  
Idaho Pain Center  
cell 871-0227



**PROVIDERS:**

Robert H Friedman, MD  
Nancy E Greenwald, MD  
Christian G Gussner, MD  
Mark J Harris, MD  
Monte H Moore, MD  
Barbara E Quattrone, MD  
Michael O Sant, MD  
Robert A Pollmann, PA  
Marshall E Gardner, PA-C

**SPECIALTY SERVICES:**

*Pain & Physical Medicine*

Fluoroscopic Spine Injections  
Epidural Steroid Injections  
Nerve Blocks  
Radiofrequency Ablation  
Spinal Cord Stimulation  
Trigger Point Injections  
Intrathecal Pumps  
Musculoskeletal Disorders  
Prosthetics / Orthotics  
Botulinum Injections  
Medication Management  
Acupuncture

*Electrodiagnostic Medicine*

Nerve Conduction Study  
Electromyography (EMG)

*Occupational Medicine*

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Independent Medical Exams  
Impairment Ratings

*Rehabilitation*

Inpatient / Outpatient  
Stroke  
Orthopedic  
Traumatic Brain Injury  
Spinal Cord Injury  
Spasticity Management  
Pediatrics  
Muscular Dystrophy Clinic

**MAILING ADDRESS:**

PO Box 1128  
Boise, ID 83701-1128

[www.idahopmr.com](http://www.idahopmr.com)

February 4, 2010

Pharmacy & Therapeutics Committee  
3232 Elder Street  
Boise, ID 83705

Via email: [fallerr@dhw.id.gov](mailto:fallerr@dhw.id.gov)

To Whom It May Concern:

The Physicians at Idaho Physical Medicine & Rehabilitation are in support of Lyrica for its fast acting results.

It would be helpful if Lyrica was an open access medication so that we didn't have to obtain prior-authorization from Medicaid when prescribing it.

Sincerely,

Idaho Physical Medicine & Rehabilitation Physicians

Dr. Robert Friedman  
Dr. Nancy Greenwald  
Dr. Chris Gussner  
Dr. Mark Harris  
Dr. Monte Moore  
Dr. Barbara Quattrone  
Dr. Michael Sant

January 30, 2010

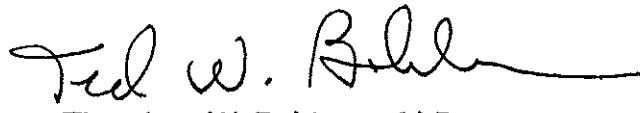
Idaho Department of Welfare  
Attn: Pharmacy and Therapeutics Committee  
3232 Elder St.  
Boise, ID 83705

Dear Committee members:

It is my understanding that you are about to consider adding a new PPI, Kapidex, to the Medicaid formulary. I'm writing you this note to add my voice to this discussion. As you know, I am a retired gastroenterologist. and personally suffer from GERD, usually requiring BID dosing of a PPI to control my symptoms. Since I have been on Kapidex some 6 months now, I am able to control my symptoms with an AM dose of the drug only. I feel it is due to the dual action release of the drug which is a definite advantage for me cost wise. I have also read that Kapidex may not have the drug interactions that other PPI' do. I am also told that Kapidex is priced up to 25% less that other PPI's.

Because of my personal experience with the drug, and the other considerations discussed above, I would strongly urge you to consider adding this drug to your formulary.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Ted W. Bohlman", with a long horizontal flourish extending to the right.

Theodore W. Bohlman, M.D.

January 26, 2010

Idaho Department of Health and Welfare  
3232 Elder Street  
Boise, ID 83705

ATTN: Pharmacy and Therapeutics Committee

Dear Members of Pharmacy and Therapeutics Committee:

As you prepare to review the PPI class for Medicaid, I would like to recommend Kapidex as a preferred PPI on the Medicaid drug formulary. Studies have shown nearly 40% of GERD patients taking conventional PPIs experience breakthrough symptoms. These patients usually require b.i.d. dosing or over-the-counter antacids for symptom control. In my practice prescribing b.i.d. PPIs is becoming more common with incomplete relief of symptoms on traditional daily PPI dosing. With the two delayed releases that Kapidex offers, these patients have a better response with a once a day dose. Kapidex offers symptom relief to patients who may only experience symptom relief with b.i.d. dosing by allowing a plasma drug concentration time much greater than conventional PPIs. Kapidex can be taken without regard to meals where conventional PPIs need to be taken at least one-half hour before breakfast, thus improving patient compliance and effectiveness.

Kapidex also looks to be a safer alternative than omeprazole/esomeprazole in patients who are also taking Plavix.

I am experiencing tremendous patient success with once a day Kapidex and would like to see it preferred on the Medicaid drug formulary so patients can have access to the advantages it offers. Thank you for your consideration to add Kapidex to Medicaid's formulary.

Sincerely,



John T. Witte, M.D.  
JTW:sjc



## **FAMILY MEDICAL CENTER**

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Bryan L. Drake, D.O.  
Bryon D. Hemphill, D.O.

360 East Liberty  
Weiser, Idaho 83672  
Telephone: (208) 414-1124  
Fax: (208) 414-0947

February 8, 2009

Idaho Department of Health and Welfare  
3232 Elder Street  
Boise, Idaho 83705

Attention: Pharmacy and Therapeutic Committee

RE: Kapidex

Dear Committee:

I would like to write to you about my support for Kapidex. I have had several patients who have not had benefit from other PPIs including Nexium who have been successful with Kapidex. I have been impressed with its ability to treat and manage difficult cases of reflux. The ability to make this available for Medicaid clients would be a huge benefit to my practice.

Sincerely,

Bryon D. Hemphill, D.O.

BDH/tp



# SALTZER

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## MEDICAL GROUP

215 E. Hawaii Ave. • Nampa, Idaho 83686 • (208) 463-3000

January 29, 2010

Pharmacy & Therapeutics Committee  
3232 Elder Street  
Boise, Idaho 83705

Attention: Robert Faller

Dear Mr. Faller,

This letter is regarding Ciprodex Otic Drops, which I understand is under Medicaid review to stay on formulary.

I have had great success with this medication for children with a history of bilateral tympanotomy tube placement and subsequent otorrhea. There is a significant clinical difference with the use of this medication in conjunction with a topical steroid. I have had several patients in the past who were treated with Cortisporin HC in the presence of tube placement, with subsequent discomfort. There is no doubt that Ciprodex is superior to any other otic drop on the market.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Thomas F. Douthitt, PA-C

Don Beasley, M.D., F.A.C.S.

TFD/sd



900 N. Liberty Street, Suite 400  
Boise, Idaho 83704  
(208) 367-3320 • Fax (208) 367-7474

#### Otolaryngology/Head and Neck Surgery

Jill C. Beck, M.D., F.A.C.S.

Eric T. Garner, M.D.

Arthur C. Jones III, M.D., F.A.C.S.

Jonathan M. Owens, M.D.

Todd J. Rustad, M.D.

Matthew B. Schwarz, M.D.

Ryan Van De Graaff, M.D.

#### Audiology

S. Dean Harmer, Ph.D

Spencer Cheshire, Au.D

Shalise Adams, Au.D

February 3, 2010

#### Pharmacy and Therapeutics Committee

Attn: Robert Faller

3232 Elder St.

Boise, ID 83705

Dear Mr. Faller:

I am writing you this letter regarding Ciprodex and its status on the Preferred Drug List. Currently Ciprodex is the only FDA approved steroid-antibiotic otic drop approved for middle ear use. Cortisporin and other otic drops have components that have been proven to be ototoxic and can potentially cause permanent hearing loss and/or dizziness when exposed to the middle ear. Ciprodex has been demonstrated to be completely safe for use in the middle ear.

Antibiotic ear drops are often used for ear infections when there is a known perforation (hole) in the ear drum or when a myringotomy tube is present. Other times they are used for ear infections when one cannot visualize the ear drum and thus cannot know if the drum is intact. In all of these situations, using an ear drop which has known ototoxic properties puts the patient at risk of developing permanent hearing loss or dizziness. That is an unacceptable consequence when there is a completely safe alternative available.

Because of these reasons, I implore you to keep Ciprodex on the Preferred Drug List as there is no equal alternative currently on the market.

If I can be of further assistance, please feel free to contact me.

Sincerely,

Ryan Van De Graaff, MD